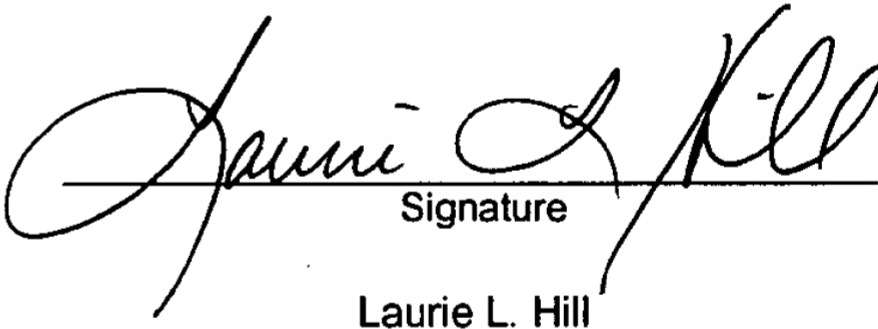




Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

| | | | |
|---|--|--|--------------------------|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 549172000112 | |
| | | In re Application of Micheal L. GRUENBERG | |
| | | Application Number 09/127,138 | Filed July 31, 1998 |
| | | For AUTOLOGOUS IMMUNE CELL THERAPY: CELL COMPOSITIONS, METHODS AND APPLICATIONS TO TREATMENT OF HUMAN DISEASE | |
| | | Art Unit 1644 | Examiner R. Schwadron |
| Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) | | \$ 330.00 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: | | \$ 165.00 | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. | | | |
| <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. | | | |
| I am the | |  Signature Laurie L. Hill Typed or printed name (858) 720-7955 Telephone number August 23, 2004 Date | |
| <input type="checkbox"/> applicant /inventor. | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>51,804</u> | | | |
| <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____ | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted. | | | |

08/25/2004 HVUONG1 00000035 031952 09127138

02 FC:2401

165.00 DA

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 419117069 US, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 23, 2004

Signature:  (Cecilia Huerta)